Complete and send t	his form, together wi		% -	TRÂNSMITTAL	FEE IN	MACTE	
30 2004				Commissioner fo P.O. Box 1450 Alexandria, Virg			
DISTRICTIONS This for	a character to a second for two	amitting the ISSUE	or <u>Fa</u>		red) Blocks 1 through 5 a	bould be completed usb	
maintenance fee notification	ns.		ers and notific	JBLICATION FEE (if requirements of maintenance fees when we correspondence address;	vill be mailed to the current and/or (b) indicating a sep	correspondence address arate "FEE ADDRESS"	
	CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 28995 7590 07/08/2004				Note: A certificate of mailing can only be used for domestic mailings of Fee(s) Transmittal. This certificate cannot be used for any other accompany papers. Each additional paper, such as an assignment or formal drawing, m have its own certificate of mailing or transmission.		
RALPH E. JOCKE 231 SOUTH BROADWAY MEDINA, OH 44256 08/02/2004_YPOLITE2-00000087_030428				Cer I hereby certify that th States Postal Service v addressed to the Mai transmitted to the USP	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the Un States Postal Service with sufficient postage for first class mail in an envel addressed to the Mail Stop ISSUE FEE address above, or being facsim transmitted to the USPTO (703) 746-4000, on the date indicated below.		
0 0.2000	00 DA					(Depositor's na	
02 FC:8001 30.	DO ⊃DA					(Signat	
APPLICATION NO.	FILING DATE	FI	RST NAMED I	NVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/438,602	11/12/1999	l	EFFREY M. I		D-1114	9588	
08/03/2004 YPOLITE2 00 01 FC:1501 1330.			FUEL DISPE	ENSER OR OTHER SELF SE	RVICE FACILITY		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	3	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1330		\$0	\$1330	10/08/2004	
EXAMINER		ART UNIT		CLASS-SUBCLASS			
WALSH, DANIEL I 28				235-381000			
Address form PTO/SB/12	ence address (or Change of C 22) attached.	Correspondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
☐ "Fee Address" indicati PTO/SB/47; Rev 03-02 o Number is required.	or more recent) attached. Us	e of a Customer	2 registered	patent attorneys or agents. If	no name is 3 WALK	ER & JOCKE	
PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND	or more recent) attached. Us RESIDENCE DATA TO E	e of a Customer BE PRINTED ON TH	2 registered listed, no nar	patent attorneys or agents. If me will be printed. print or type)	no name is 3 WALK		
PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND	or more recent) attached. Us ORESIDENCE DATA TO E an assignee is identified be a 37 CFR 3.11. Completion	BE PRINTED ON THE elow, no assignee da of this form is NOT a	2 registered listed, no nar IE PATENT (justa will appear a substitute for	patent attorneys or agents. If me will be printed.	ee is identified below, the co		
PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN	or more recent) attached. Us ORESIDENCE DATA TO E an assignee is identified be a 37 CFR 3.11. Completion	BE PRINTED ON THE elow, no assignee da of this form is NOT a	2 registered listed, no nar lE PATENT (justa will appear a substitute for RESIDENCE:	patent attorneys or agents. If me will be printed. print or type) r on the patent. If an assign r filing an assignment.	ee is identified below, the co		
PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN Please check the appropriate	PRESIDENCE DATA TO E an assignee is identified be 37 CFR 3.11. Completion EE CACORPORATED	BE PRINTED ON THelow, no assignee da of this form is NOT a	2 registered listed, no nar le PATENT (justa will appeal a substitute for RESIDENCE:	patent attorneys or agents. If me will be printed. print or type) r on the patent. If an assign r filing an assignment. : (CITY and STATE OR COU	ee is identified below, the co	document has been filed	
PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN Please check the appropriate 4a. The following fee(s) are	PRESIDENCE DATA TO E an assignee is identified be 37 CFR 3.11. Completion EE CACORPORATED	BE PRINTED ON THelow, no assignee da of this form is NOT a (B) Interest (will not be print)	Isted, no nar IE PATENT (ata will appeal a substitute for RESIDENCE: VORTH ted on the pate	patent attorneys or agents. If me will be printed. print or type) r on the patent. If an assign r filing an assignment. : (CITY and STATE OR COU	ee is identified below, the of	document has been filed	
PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN. Please check the appropriate 4a. The following fee(s) are selected in the selected in	PRESIDENCE DATA TO E an assignee is identified be 37 CFR 3.11. Completion EE CACORPORATED	BE PRINTED ON THelow, no assignee da of this form is NOT a (B) Interpreted the printed th	Isted, no nar listed, no nar listed a will appear a substitute for RESIDENCE: Norrh ted on the pate Payment of Fe I A check in the	patent attorneys or agents. If me will be printed. print or type) r on the patent. If an assign r filing an assignment. : (CITY and STATE OR COU	ee is identified below, the country) orporation or other private grounds.	document has been filed	
PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN. Please check the appropriate 4a. The following fee(s) are selected in the selected in	PRESIDENCE DATA TO E an assignee is identified be a 37 CFR 3.11. Completion EE CACAPORATED assignee category or category enclosed:	BE PRINTED ON THelow, no assignee da of this form is NOT a (B) Interpreted the printed th	2 registered listed, no nar le PATENT (justa will appeal a substitute for RESIDENCE: VORTH ted on the pate Payment of Fe D A check in the payment by	patent attorneys or agents. If me will be printed. print or type) r on the patent. If an assign r filing an assignment. : (CITY and STATE OR COU CANTON, OHIO ent); Individual Ecc ee(s): he amount of the fee(s) is enc credit card. Form PTO-2038	ee is identified below, the country) orporation or other private goods. is attached.	document has been filed	
PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN Please check the appropriate 4a. The following fee(s) are selected listed fee. It is a selected listed fee. It is a selected fee.	PRESIDENCE DATA TO E an assignee is identified by 37 CFR 3.11. Completion EE CACORPORATED assignee category or category enclosed: mall entity discount permitte Copies / O	e of a Customer BE PRINTED ON THelow, no assignee da of this form is NOT a (B) Increase (will not be printed) 4b. Find the printed of the printed of this form is NOT a (B) Increase (will not be printed) (B) Increase (will not be printed)	2 registered listed, no nar listed will appear a substitute for RESIDENCE: VORTH ted on the pate Payment of Fe listed in the Directo listed in the Directo listed li	patent attorneys or agents. If me will be printed. print or type) r on the patent. If an assign r filing an assignment. : (CITY and STATE OR COU CANTON, OHIO ent); Individual Ecce(s): the amount of the fee(s) is ence	ee is identified below, the country) orporation or other private groups attached. is attached. arge the required fee(s), or the country of	roup entity governm	
PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN Please check the appropriate 4a. The following fee(s) are Issue Fee Publication Fee (No sn Advance Order - # of 5. Change in Entity Status a. Applicant claims SN The Director of the USPTO	PRESIDENCE DATA TO E an assignee is identified by 37 CFR 3.11. Completion EE CACAPORATED assignee category or category enclosed: mall entity discount permitte Copies / O (from status indicated above MALL ENTITY status. See 3 is requested to apply the Iss	e of a Customer BE PRINTED ON THelow, no assignee da of this form is NOT a (B) In the print series (will not be print series (will not be print series seri	2 registered listed, no nar IE PATENT (lata will appeal a substitute for RESIDENCE: VORTH ted on the pate D A check in the D Payment by The Directo Deposit Account on Fee (if any)	patent attorneys or agents. If me will be printed. print or type) r on the patent. If an assign r filing an assignment. : (CITY and STATE OR COU CANTON, ONIO ent); Individual Scee(s): the amount of the fee(s) is encorredit card. Form PTO-2038 or is hereby authorized by churt Number 99992.	ee is identified below, the officer is identified below.	roup entity governm credit any overpayment copy of this form). R 1.27(g)(2). ation identified above.	
PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN. Please check the appropriate 4a. The following fee(s) are Issue Fee Publication Fee (No snow Advance Order - # of 19 of	PRESIDENCE DATA TO E an assignee is identified by 37 CFR 3.11. Completion EE CACAPORATED assignee category or category enclosed: mall entity discount permitte Copies / O (from status indicated above MALL ENTITY status. See 3 is requested to apply the Iss	e of a Customer BE PRINTED ON THelow, no assignee da of this form is NOT a (B) Fories (will not be print 4b. For the print 4b. For the print 4c. For the print 4c. For the print 4c. For the print 4d. For the print 4	2 registered disted, no nar listed, no nar listed, no nar listed, no nar listed, no nar listed a will appear a substitute for RESIDENCE: **North** ted on the pate of Payment of Fe of A check in the Director of Payment by the Director of Payment by the Director of Fee (if any) from anyone of ffice.	patent attorneys or agents. If me will be printed. print or type) r on the patent. If an assign r filing an assignment. : (CITY and STATE OR COUNTY) ent); individual ce(s): the amount of the fee(s) is encorredit card. Form PTO-2038 or is hereby authorized by chant Number	ee is identified below, the officer is identified below.	roup entity governm credit any overpayment copy of this form). R 1.27(g)(2). ation identified above.	
PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN Please check the appropriate 4a. The following fee(s) are Issue Fee Publication Fee (No sn Advance Order - # of 5. Change in Entity Status a. Applicant claims SN The Director of the USPTO NOTE: The Issue Fee and Pinterest as shown by the recordant completed an application. Confidential submitting the completed an application. Confidential submitting the completed an application. Confidential submitting the completed and this form and/or suggestions Box 1450, Alexandria, Virginia 22313-	RESIDENCE DATA TO E an assignee is identified by a 37 CFR 3.11. Completion EE CACAPORATED assignee category or category enclosed: mall entity discount permitte Copies	e of a Customer BE PRINTED ON THelow, no assignee da of this form is NOT a (B) In the print series (will not be accepted from the print series (Date) 11. The information in 122 and 37 CFR 1.1 O. Time will vary dehould be sent to the Control of SEND FEES OR CO	2 registered listed, no nar listed will appear a substitute for RESIDENCE. **COLTH** ted on the pate Payment of Fe D A check in the Director of Payment by The D	patent attorneys or agents. If me will be printed. print or type) r on the patent. If an assign r filing an assignment. : (CITY and STATE OR COUNTY) ent); individual ce(s): the amount of the fee(s) is encorredit card. Form PTO-2038 or is hereby authorized by chant Number	ee is identified below, the office is identified below, the office is attached. arge the required fee(s), or many control is attached. arge the required fee(s), or many control is attached. TITY status. See, e.g., 37 CF by paid issue fee to the application of the public which is to file (anninutes to complete, including ments on the amount of tith trademark Office, U.S. Dept. SEND TO: Commissioner	credit any overpayment copy of this form). R 1.27(g)(2). ation identified above. the assignee or other part d by the USPTO to proceed gathering, preparing, me you require to compartment of Commerce, P for Patents, P.O. Box 14	

TRANSMIT THIS FORM WITH FEE(S)